

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE Bd.
2009 NOV 30 PM 3:33
MD

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Halley Griess

Political Party (if applicable)

Office Sought

Des Moines City Council-Ward 1

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a



SIGNATURE OF PERSON FILING REPORT

575-224-8022
TELEPHONE

11/24/09
DATE SIGNED

I AM FILING A 5 Days Prior to Run-Off Election REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION YEAR**.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
December 1, 2009

County & Local Committees, enter County in
which Election is held
Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,884.98

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,745.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

8,629.98

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,833.43

Schedule F: Loan Repayments total (Attach Schedule F)

5,796.55

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 6,159.88

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 17.50

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/04/2009	ID# CK#	Diane Crookham-Johnson 1814 South 7th St., Oskaloosa, IA 52577		\$250.00	<input type="checkbox"/>
11/06/2009	ID# CK#	Wayne Dallenbach 5021 Lincoln Ave., Des Moines, IA 50310		25.00	<input type="checkbox"/>
11/07/2009	ID# CK#	Gary McPherson PO Box 39142, Phoenix, AZ 85069		100.00	<input type="checkbox"/>
11/07/2009	ID# CK#	Lenora Iverson 4021 Amick Ave., Des Moines, IA 50310		50.00	<input type="checkbox"/>
11/08/2009	ID# CK#	Susan Amann 9895 Lincoln Ave., Clive, IA 50325		50.00	<input type="checkbox"/>
11/09/2009	ID# CK#	Christine Pardee 1214 43rd St., Des Moines, IA 50311		50.00	<input type="checkbox"/>
11/09/2009	ID# CK#	Robert Tracy 3111 56th St., Des Moines, IA 50310		25.00	<input type="checkbox"/>
11/10/2009	ID# CK#	Lynn McRoberts 1201 Office Park Rd., #1907 West Des Moines, IA 50265		25.00	<input type="checkbox"/>
11/11/2009	ID# CK#	Charles Larson 1212 57th St., Des Moines, IA 50311		50.00	<input type="checkbox"/>
11/11/2009	ID# CK#	Michael Barnes 1550 E. Army Post Rd., Des Moines, IA 50320		125.00	<input type="checkbox"/>
SUB-TOTAL				\$ 750.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/11/2009	ID# CK#	Evie Barnes 1550 E. Army Post Rd., Des Moines, IA 50320		\$125.00	<input type="checkbox"/>
11/11/2009	ID# CK#	Randy Sackett 1695 McBride Ridge Ct., Winterset, IA 50309		250.00	<input type="checkbox"/>
11/12/2009	ID# CK#	Richard Jewett 2422 Maryland Pike, Des Moines, IA 50310		50.00	<input type="checkbox"/>
11/12/2009	ID# CK#	Timothy Griess 25555 S. 54th St., Firth, NE 68358	Father	200.00	<input type="checkbox"/>
11/12/2009	ID# CK#	Ted Grob 2529 Jordan Grove, West Des Moines, IA 50265		200.00	<input type="checkbox"/>
11/12/2009	ID# CK#	Jim Pugh 9137 Iltis Dr., Urbandale, IA 50322		50.00	<input type="checkbox"/>
11/14/2009	ID# CK#	Nancy Wissink 2117 44th St., Des Moines, IA 50310		50.00	<input type="checkbox"/>
11/14/2009	ID# CK#	Dave Funk 4330 SE 116th ST., Runnells, IA 50237		100.00	<input type="checkbox"/>
11/16/2009	ID# CK#	Todd Tysseling 1306 E. Sheridan Ave., Des Moines, IA 50316		20.00	<input type="checkbox"/>
11/17/2009	ID# CK#	Jerry Stanton 11129 NW 54th Ave., Ste A, Grimes, IA 50111		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,245.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/18/2009	ID# CK# 3289	Master Builders of Iowa PAC 221 Park St., Des Moines, IA 50306		\$500.00	<input type="checkbox"/>
11/19/2009	ID# CK#	Stephanie Lynch 2616 N. Magnolia Ave., Chicago, IL 60614	Mother-in-Law	2000.00	<input type="checkbox"/>
11/19/2009	ID# CK# 1027	Home Builders Association of Greater Des Moines PAC 6751 Corporate Dr., Johnston, IA 50131		200.00	<input type="checkbox"/>
11/19/2009	ID# CK#	Paul Swinton 2388 SE Timberland Hills Dr. Pleasant Hill, IA 50327		50.00	<input type="checkbox"/>
11/20/2009	ID# CK#	Gerald Kirke 5465 Mills Civic Pkwy, Ste. 400 West Des Moines, IA 50266		1000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3,750.00	
TOTAL (if last page of this schedule)				\$ 5,745.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/04/2009	ID# CK# 1007	MacDonald Letter Service 1632 Ohio St. Des Moines, IA 50314	Postage/Printing	\$ 2,554.80
11/09/2009	ID# CK# 1008	Victory Enterprises	Auto Call, 11/02/2009	278.63
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,833.43
TOTAL (if last page of this schedule)				\$ 2,833.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11/16/2009	MacDonald Letter Service 1632 Ohio St. Des Moines, IA 50314	Yard Signs	\$ 742.00
11/17/2009	Christian Printers, Inc. 1411 21st St. Des Moines, IA 50311	Literature Printing	148.40
11/20/2009	Garner Printing 1697 NE 53rd Ave. Des Moines, IA 50313	Postage/Printing	5,269.48
SUB-TOTAL			\$ 6,159.88
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 6,159.88

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/16/2009	Halley Griess 1628 37th St. Des Moines, IA 50310	Candidate	Voter List	\$ 17.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 17.50	
TOTAL (If last page of this schedule)				\$ 17.50	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)